Under the Paperwork Reduction And of 1895, his persons are regulated to respond to a collection of information unless it displays a yall ONB control number.

PATENT APPLICATION FEE DETERMINATION RESIDENT. PATENT APPLICATION FEE DETERMINATION RESERD Substitute for Form PTO-876 the lion of Dooker Humber APPLICATION AS FILED - PARTI (Column 1) (Column 2) SMALL ENTITY OTHER THAN .OR FOR SMALL ENTITY NUMBER FILED BABIO FEE (17 OFR 1.16(1).(b); 01(0)) NUMBER EXTRA RATE (\$) FEE (\$) · N/A BEAROH FEE (87 OFF TI.16(K), (7), or (m)) . ÌVA RATE (\$) FEE (\$) · NA N/A N/A EXAMINATION FEE (37 OFR 1.16(0), (p), or (q)) NA N/A N/A NA TOTAL CLAIMS BY CFR 1.16(1)) N/A ŃΑ NA minus 20 = NDEPENDENT CLAIMS GT OFR 1.15(N) 28 = OR 50 minus a. = If the specification and drawings exceed 100 x 105 = APPLICATION SIZE 200. sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(1)) 185 If the difference in column 1 is less than zero, enter *0* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST NUMBER REVIOUSLY REMAINING PRESENT AFTER RATE (\$) ADDI-ENDMENT RATE (\$) Total TIONAL FEE (\$) Minus TIONAL FEE (\$) Independent OFR 1,16(N) × 25 Minus bк .50 Application Size Fee (37 CFR 1.16(s)) x 105 = 210 = ÒR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(1)) 185 340 OR: TOTAL ADD'L FEE TOTAL (Column 1) OR ADD'L FEE (Column 2) (Column 3) CLAIMS REMAINING HIGHEST œ NUMBER PRESENT AFTER AMENDMENT PREVIOUSLY PAID FOR RATË (\$) EXTRA ADDI-RATE (\$) ADDI-TIONAL FEE (\$) Total OFR LISON TIONAL FEE (\$) Minus (1) OFF 1.160VI 25 Minus × 50 OR Application Size Fee (37 CFR 1.16(s)) × 105 x 210 = .OR FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (67 CFR 1.160) 185 NA NA 3 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL ADD'L FEE

ll you need assistance in completting the form, ball 1-800-PTO-8183 and select option 2.